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| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| DISTRICT OF MINNESOTA THIRD DIVISION | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ✓ Chapter 7 | |
| | Chapter 11 | |
| | Chapter 12 | |
| | Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | LISA First name MARIE Middle name SANDBERG - MENDES Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | FKA LISA M SANDBERG FKA LISA M MENDES LISA M SANDBERG MENDES | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-0171 | |

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Debtor 1 LISA MARIE SANDBERG - MENDES

| | | About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): | | | |
|----|--|---|---|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs | | |
| 5. | Where you live | 501 NORTH ELM ST | If Debtor 2 lives at a different address: | | |
| | | BELLE PLAINE, MN 56011 Number, Street, City, State & ZIP Code SCOTT | Number, Street, City, State & ZIP Code | | |
| | | County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: ✓ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ✓ I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

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Debtor 1 LISA MARIE SANDBERG - MENDES

| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
|-----|---|---|--|--|--|--|--|--|
| | choosing to file under | ✓ Cha | pter 7 | | | | | |
| | | — | pter 11 | | | | | |
| | | _ | pter 12 | | | | | |
| | | _ Cha | pter 13 | | | | | |
| 8. | How you will pay the fee | ab or | out how yo | u may pay. Typically, it attorney is submitting y | you are paying the fee y | ck with the clerk's office in your local court for more details ourself, you may pay with cash, cashier's check, or money half, your attorney may pay with a credit card or check with | | |
| | | | | the fee in installmen e in Installments (Offici | | on, sign and attach the Application for Individuals to Pay | | |
| | | ☐ Ir bu ap | request that ut is not requipolities to you | It my fee be waived (Y uired to, waive your fee ur family size and you a | ou may request this option, and may do so only if your re unable to pay the fee it | on only if you are filing for Chapter 7. By law, a judge may, our income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out icial Form 103B) and file it with your petition. | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ✓ No. Yes. | | | | | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No Yes. | | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| 11. | Do you rent your residence? | ✓ No. Yes. | | No. Go to line 12. | | st you? Judgment Against You (Form 101A) and file it as part of | | |

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Debtor 1 LISA MARIE SANDBERG - MENDES

| Par | Report About Any Bu | ısinesses | You Own as a Sole Proprietor |
|------|---|------------------------|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | № No. | Go to Part 4. |
| | | Yes. | Name and location of business |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, State & ZIP Code |
| | it to this petition. | | Check the appropriate box to describe your business: |
| | | | Health Care Business (as defined in 11 U.S.C. § 101(27A)) |
| | | | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | Stockbroker (as defined in 11 U.S.C. § 101(53A)) |
| | | | Commodity Broker (as defined in 11 U.S.C. § 101(6)) |
| | | | None of the above |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate s. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of iss, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure i.C. 1116(1)(B). |
| | For a definition of small | ✓ No. | I am not filing under Chapter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | ☐ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |
| | | Yes. | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Part | t 4: Report if You Own or | Have Any | Hazardous Property or Any Property That Needs Immediate Attention |
| | Do you own or have any property that poses or is alleged to pose a threat of imminent and | ✓ No. Yes. | What is the hazard? |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? Number, Street, City, State & Zip Code |
| | | | |

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Debtor 1 LISA MARIE SANDBERG - MENDES

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| Λ | bo | 114 | ח | Δŀ | ٦ ۴. | | , | 1 • |
|---------------|----|-----|------------------|----|-------------|---|---|-----|
| $\overline{}$ | v | uι | \boldsymbol{v} | Cr | JL | U | | ٠. |

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 LISA MARIE SANDBERG - MENDES

| Part | 6: Answer These Questi | ons for R | eporting Purposes | | | | |
|---|---|--|--|--|--|--|--|
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consumindividual primarily for a personal, | | | defined in 11 U.S.C. § 101(8) as "incurred by an | |
| | | | No. Go to line 16b. | | | | |
| | | | ✓ Yes. Go to line 17. | | | | |
| | | 16b. | Are your debts primarily busines money for a business or investmen | | | | |
| | | | No. Go to line 16c. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you owe that | at are not consu | mer debts or busi | iness debts | |
| 17. | Are you filing under Chapter 7? | ☐ No. | I am not filing under Chapter 7. Go | to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | ¥ Yes. | I am filing under Chapter 7. Do you are paid that funds will be available ✓ No ✓ Yes | | | property is excluded and administrative expenses tors? | |
| 18. | How many Creditors do you estimate that you owe? | 1-49 50-99 100-1 200-9 | 99 | 1,000-5,00 5001-10,00 10,001-25, | 00 | 25,001-50,000 50,001-100,000 More than100,000 | |
| 19. | How much do you estimate your assets to be worth? | \$50,0 \$100, | 50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million | \$10,000,00 | - \$10 million 01 - \$50 million 01 - \$100 million 001 - \$500 million | \$500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion More than \$50 billion | |
| 20. | How much do you estimate your liabilities to be? | \$50,0 \$100, | 50,000 001 - \$100,000 001 - \$500,000 001 - \$1 million | \$10,000,00 \$50,000,00 | - \$10 million 01 - \$50 million 01 - \$100 million 001 - \$500 million | \$500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion More than \$50 billion | |
| Part | 7: Sign Below | | | | | | |
| For | you | I have ex | amined this petition, and I declare u | nder penalty of | perjury that the inf | oformation provided is true and correct. | |
| | | | | | | ible, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7. | |
| | | | rney represents me and I did not pay tt, I have obtained and read the notice | | | s not an attorney to help me fill out this). | |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | |
| I understand making a false statement, concealing property, or obtaining money or property by fraud in co bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. and 3571. /s/ LISA MARIE SANDBERG - MENDES | | | | 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | | | ARIE SANDBERG - MENDES e of Debtor 1 | | Signature of De | POTOL 7 | |
| | | Executed | May 29, 2019 MM / DD / YYYY | | Executed on | MM / DD / YYYY | |

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Debtor 1 LISA MARIE SANDBERG - MENDES

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Date

I personally conferred with and advised the debtors

/e/Megan M.R. McCarthy #0396686

/s/ Robert J. Hoglund
Signature of Attorney for Debtor

May 29, 2019 MM / DD / YYYY

Robert J. Hoglund 210997

Printed name

Hoglund, Chwialkowski & Mrozik P.L.L.C

Firm name

1781 West County Road B

PO Box 130938

Roseville, MN 55113-4052

Number, Street, City, State & ZIP Code

Contact phone (651) 628-9929

Email address

bestcase@hoglundlaw.com

210997 MN

Bar number & State

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Document Page 8 of 57 Fill in this information to identify your case: Debtor 1 LISA MARIE SANDBERG - MENDES Middle Name First Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: DISTRICT OF MINNESOTA THIRD DIVISION Case number

Official Form 106Sum

(if known)

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

☐ Check if this is an

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 11: Summarize Your Assets | | |
|-----|--|-------------|--------------------------|
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 150,633.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 55,801.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 206,434.00 |
| Par | 2: Summarize Your Liabilities | | |
| | | | abilities at you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 140,298.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 57,195.00 |
| | Your total liabilities | \$ | 197,493.00 |
| Par | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,120.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,117.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo | ur other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Case number (if known) Debtor 1 LISA MARIE SANDBERG - MENDES

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

4,829.72 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|-------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | C | ase 19-31735 | Doc 1 | Filed 05/29/19 Document | Entered 05/29/1 Page 10 of 57 | 9 18:12:29 | Desc | : Main |
|-----------------|---------------------------|---|---------------------------|--|--|--|--------------|---|
| Fill | in this infor | mation to identify | your case and th | | 1 446 10 01 37 | | | |
| Deb | otor 1 | LISA MARIE S | SANDBERG - N | MENDES | | | | |
| | | First Name | | e Name | Last Name | | | |
| | otor 2 use, if filing) | First Name | Middle | e Name | Last Name | | | |
| | | | ha DISTRICT | OF MININESOTA THI | | | | |
| Offic | leu States D | ankruptcy Court for t | ille. DISTRICT | OF MINNESOTA THI | IND DIVISION | | | |
| Cas | e number | | | | _ | | | Check if this is ar amended filing |
| SC n eachink | chedu | Be as complete and a re space is needed, a | operty scribe items. List | le. If two married people | an asset fits in more than one e are filing together, both are e top of any additional pages | equally responsi | ble for supp | lying correct |
| | No. Go to Pa | , . | uitable interest in a | any residence, building | , land, or similar property? | | | |
| 1.1 | | | | What is the property | y? Check all that apply | | | |
| | 501 North Street address | EIM St , if available, or other desc | ription | | home Iti-unit building or cooperative | the amount of a | ny secured o | s or exemptions. Put claims on Schedule D: Secured by Property. |
| | Belle Plai | ne MN State | 56011-0000 ZIP Code | ☐ Manufactured☐ Land☐ Investment pr | or mobile home | Current value of entire property \$150,6 | ? | Current value of the portion you own? \$150,633.00 |
| | | | | ☐ Timeshare ☐ Other ☐ Who has an interes: ☐ Debtor 1 only | t in the property? Check one | | mple, tenan | r ownership interest cy by the entireties, or |
| | Scott | | | Debtor 2 only | | | | |
| | County | | | | f the debtors and another ou wish to add about this itel | (see instructi | | unity property |
| | | | | Homestead Legally describe Lot 6 and the So County, Minnesc | outh 25 feet of Lot 5, Bloc | ck 139, City of | Belle Plaiı | ne, Scott |
| | | | | | rket Analysis - \$150,633 ing, new windows, bathr ig) | | | |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$150,633.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Case number (if known) Document LISA MARIE SANDBERG - MENDES Debtor 1 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Saturn Do not deduct secured claims or exemptions. Put Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: Ion Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2003 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 229,000 entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another FMV: Edmunds - Private Party \$845.00 \$845.00 ☐ Check if this is community property Value, Clean (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$845.00 .pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Dining Room/Display - \$150.00 Dressers/Beds - \$500.00 Sofas/Chairs/End Tables - \$300.00 Refrigerator/Freezer - \$400.00 Stove - \$200.00 Washer/Dryer - \$200.00 DVD/CDs - \$20.00 \$1,790.00 Books - \$20.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... Push Lawnmower - \$100.00 Television - \$200.00 \$350.00 DVD Player - \$50.00

Official Form 106A/B Schedule A/B: Property

Laptop - \$100.00 Snowblower - \$100.00

Cell Phone - \$5.00

page 2

\$205.00

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Case number (if known) Document LISA MARIE SANDBERG - MENDES Debtor 1 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ☐ No ■ Yes. Describe..... Lladro Collection \$800.00 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$200.00 Wearing Apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$100.00 Costume Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3,445.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Cash - \$0.00 \$0.00

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Case number (if known) Document LISA MARIE SANDBERG - MENDES Debtor 1 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... Wells Fargo \$60.00 17.1. Checking Wells Fargo \$30.00 17.2. Savings FSA (for disclosure purposes only, not property of the estate) - \$1400.00 (estimate) \$0.00 17.3. Community Resource Bank Custodial Checking account for mother in nursing home - \$60.00 (debtor is on account for testamentary purposes \$0.00 17.4. only, not property of the estate) 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401(k) through Employer - \$45481.76 as of \$45,482.00 March 31, 2019 ESPP through Employer - \$249.03 as of May 28, \$249.00 2019 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes.

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No Issuer name and description. ☐ Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

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Case number (if known) Document LISA MARIE SANDBERG - MENDES Debtor 1 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ No ■ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... Anticipated 2019 Tax Refunds - \$2590.00 (41% earned as of the date of filing) \$1.062.00 (estimate) Anticipated 2018 Property Tax Refund -\$473.00 (estimate) \$473.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ☐ No Yes. Give specific information.. Earned, but unpaid wages (estimate) \$1,914.00 \$2,141.00 Garnished wages within the last 90 days. Anticipated Kwik Trip Bonus (end of year, not guaranteed) \$100.00 (estimate) 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund

Schedule A/B: Property

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Official Form 106A/B

page 5

Desc Main

| Vehicle Insurance Policy - no cash value | Debtor | Case 19-31735 Doc 1 Filed 05/29/19 Entered 05/29/19 18:12:29 Document Page 15 of 57 LISA MARIE SANDBERG - MENDES Case number (if known) | Desc Main |
|---|-------------------------------|--|-----------------------|
| Term Life Insurance Policy through CH Robinson - no cash value Term Life Insurance Policy through Kwik Trip - no cash value Term Life Insurance Policy through Kwik Trip - no cash value 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim 35. Any financial assets you did not already list No Yes. Give specific information. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here. \$51,511.00 Part 5. Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. No. Go to Part 7. No. Go to Iner 47. | | | value: |
| Term Life Insurance Policy through Kwik Trip - no cash value Term Life Insurance Policy through Kwik Trip - no cash value 30.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples. Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Give specific information. 35. Any financial assets you did not already list No Yes. Give specific information. 36. Add the dollar value of all of your entiries from Part 4, including any entries for pages you have attached for Part 4. Write that number here. \$51,511.00 Part 5: Describe Any Business-Related Property You Own or Have an interest in. List any real estate in Part 1. 37. Do you own or have any logal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. No. Go to Part 7. | | Vehicle Insurance Policy - no cash value | \$0.00 |
| 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filled a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim 35. Any financial assets you did not already list No Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here | | | \$0.00 |
| If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim 35. Any financial assets you did not already list No Yes. Give specific information. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here | | | \$0.00 |
| No | If yo son ■ No □ Ye 33. Clai | ou are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to recone has died. o es. Give specific information ms against third parties, whether or not you have filed a lawsuit or made a demand for payment | eive property because |
| No | ■ No | 0 | |
| No | ■ No | 0 | set off claims |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. | ■ No | 0 | |
| 37. Do you own or have any legal or equitable interest in any business-related property? ■ No. Go to Part 6. □ Yes. Go to line 38. Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? ■ No. Go to Part 7. □ Yes. Go to line 47. | | | \$51,511.00 |
| No. Go to Part 6. Yes. Go to line 38. Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. | Part 5: | Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. | |
| If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. | ■ No. | Go to Part 6. | |
| ■ No. Go to Part 7. □ Yes. Go to line 47. | Part 6: | | |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above | | No. Go to Part 7. | |
| | Part 7: | Describe All Property You Own or Have an Interest in That You Did Not List Above | |

53. **Do you have other property of any kind you did not already list?** *Examples:* Season tickets, country club membership

 $\hfill \square$ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

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Case number (if known) LISA MARIE SANDBERG - MENDES Debtor 1

| Part | 8: List the Totals of Each Part of this Form | | | |
|------|--|-------------|------------------------------|--------------|
| 55. | Part 1: Total real estate, line 2 | | | \$150,633.00 |
| 56. | Part 2: Total vehicles, line 5 | \$845.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$3,445.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$51,511.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$55,801.00 | Copy personal property total | \$55,801.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$206,434.00 |

Official Form 106A/B Schedule A/B: Property page 7

| Debtor 2 (Spouse if, filing) United States Bankruptcy Case number (if known) Official Form 10 Schedule C: Be as complete and accurathe property you listed on Sheeded, fill out and attach foase number (if known). For each item of property specific dollar amount as any applicable statutory if funds—may be unlimited | MARIE SANDE ame Court for the: Court for the: The Propage as many you claim as existed as exempt. Alternation in dollar amount ary amount. | Middle Name Middle Name Middle Name DISTRICT OF MINNESO two married people are file perty (Official Form 106A any copies of Part 2: Additional empt, you must specify atively, you may claim the property in the perions—such as those to the people are file perty. | Last Name Last Name PTA THIRD DIVISION Last Name DTA THIRD DIVISION Last Name DTA THIRD DIVISION | ou claim as exempt. If more space is any additional pages, write your name and m. One way of doing so is to state a being exempted up to the amount of n benefits, and tax-exempt retirement alue under a law that limits the |
|--|---|--|--|---|
| Debtor 2 (Spouse if, filing) United States Bankruptcy Case number (if known) Official Form 10 Schedule C: Be as complete and accurathe property you listed on States number (if known). For each item of property specific dollar amount as any applicable statutory of the property on a particular to the applicable statutor of the property of the property of the property specific dollar amount as any applicable statutory of the property of th | The Propage as many you claim as exempt. Alternal limit. Some exempt in dollar amount ary amount. | Middle Name Middle Name DISTRICT OF MINNESO The perty You C The perty (Official Form 106A The per | Last Name PTA THIRD DIVISION Laim as Exempt ling together, both are equally responsible (VB) as your source, list the property that y itional Page as necessary. On the top of a contract the full fair market value of the property for health aids, rights to receive certain an exemption of 100% of fair market value of the property for health aids, rights to receive certain an exemption of 100% of fair market value of the property for health aids, rights to receive certain an exemption of 100% of fair market value of the property for health aids, rights to receive certain an exemption of 100% of fair market value of the property for health aids, rights to receive certain the property fair market value of the property for health aids, rights to receive certain the property fair market value of the property for health aids, rights to receive certain the property fair market value of the property fair market value | amended filing 4/19 e for supplying correct information. Using rou claim as exempt. If more space is any additional pages, write your name and m. One way of doing so is to state a being exempted up to the amount of n benefits, and tax-exempt retirement alue under a law that limits the |
| United States Bankruptcy Case number (if known) Official Form 10 Schedule C: Be as complete and accurathe property you listed on States and actual the property decaye in the property of | Court for the: D6C The Propage as possible. If Schedule A/B: Propage as many you claim as exercited as exempt. Alternal limit. Some exempt in dollar amount a ry amount. | perty You C two married people are file perty (Official Form 106A any copies of Part 2: Addi mempt, you must specify titively, you may claim the ptions—such as those t. However, if you claim | laim as Exempt ling together, both are equally responsible (VB) as your source, list the property that y itional Page as necessary. On the top of a refull fair market value of the property for health aids, rights to receive certain an exemption of 100% of fair market value of the property of the amount of the property for health aids, rights to receive certain an exemption of 100% of fair market value of the property for health aids, rights to receive certain an exemption of 100% of fair market value of the property for health aids, rights to receive certain an exemption of 100% of fair market value of the property for health aids, rights to receive certain an exemption of 100% of fair market value of the property fair market value of the property for health aids, rights to receive certain an exemption of 100% of fair market value of the property fair market value of the prope | amended filing 4/19 e for supplying correct information. Using rou claim as exempt. If more space is any additional pages, write your name and m. One way of doing so is to state a being exempted up to the amount of n benefits, and tax-exempt retirement alue under a law that limits the |
| Case number (if known) Official Form 10 Schedule C: Be as complete and accurate the property you listed on State property you listed on State property (if known). For each item of property specific dollar amount as any applicable statutory of the property indexemption to a particular to the applicable statutory. | The Propage as many you claim as exempt. Alternal limit. Some exempt of collar amount a ry amount. | two married people are fileperty (Official Form 106A any copies of Part 2: Additional Actions—such as those to the theorem of | laim as Exempt ling together, both are equally responsible VB) as your source, list the property that y itional Page as necessary. On the top of a the amount of the exemption you claime full fair market value of the property for health aids, rights to receive certain an exemption of 100% of fair market v | amended filing 4/19 e for supplying correct information. Using rou claim as exempt. If more space is any additional pages, write your name and m. One way of doing so is to state a being exempted up to the amount of n benefits, and tax-exempt retirement alue under a law that limits the |
| Official Form 10 Schedule C: Be as complete and accurate property you listed on Scheeded, fill out and attach to case number (if known). For each item of property specific dollar amount as any applicable statutory of the property of the p | The Pro ate as possible. If Schedule A/B: Pro to this page as ma y you claim as ex s exempt. Alterna limit. Some exem i in dollar amount of dollar amount. | two married people are file perty (Official Form 106A any copies of Part 2: Additional Additional People are file perty (Official Form 106A any copies of Part 2: Additional People are file p | ling together, both are equally responsible VB) as your source, list the property that y itional Page as necessary. On the top of a vertee that the amount of the exemption you claim the full fair market value of the property for health aids, rights to receive certain an exemption of 100% of fair market vertee. | amended filing 4/19 e for supplying correct information. Using rou claim as exempt. If more space is any additional pages, write your name and m. One way of doing so is to state a being exempted up to the amount of n benefits, and tax-exempt retirement alue under a law that limits the |
| Be as complete and accurate property you listed on Sheeded, fill out and attach to case number (if known). For each item of property specific dollar amount as any applicable statutory of the seemption to a particular to the applicable statutory. | The Pro ate as possible. If Schedule A/B: Pro to this page as ma y you claim as ex s exempt. Alterna limit. Some exem i in dollar amount of dollar amount. | two married people are file perty (Official Form 106A any copies of Part 2: Additional Additional People are file perty (Official Form 106A any copies of Part 2: Additional People are file p | ling together, both are equally responsible VB) as your source, list the property that y itional Page as necessary. On the top of a vertee that the amount of the exemption you claim the full fair market value of the property for health aids, rights to receive certain an exemption of 100% of fair market vertee. | e for supplying correct information. Using you claim as exempt. If more space is any additional pages, write your name and m. One way of doing so is to state a being exempted up to the amount of n benefits, and tax-exempt retirement alue under a law that limits the |
| the property you listed on S needed, fill out and attach to case number (if known). For each item of property specific dollar amount as any applicable statutory life funds—may be unlimited exemption to a particular to the applicable statutor | Schedule A/B: Proto this page as may you claim as ex sexempt. Alternalimit. Some exempt in dollar amount ary amount. | perty (Official Form 106A any copies of Part 2: Addi empt, you must specify titively, you may claim th aptions—such as those t. However, if you claim | vB) as your source, list the property that y itional Page as necessary. On the top of a vector that the amount of the exemption you claim the full fair market value of the property for health aids, rights to receive certain an exemption of 100% of fair market vector. | ou claim as exempt. If more space is any additional pages, write your name and m. One way of doing so is to state a being exempted up to the amount of n benefits, and tax-exempt retirement alue under a law that limits the |
| specific dollar amount as any applicable statutory l funds—may be unlimited exemption to a particular to the applicable statutor | s exempt. Alterna limit. Some exem I in dollar amoun dollar amount a y amount. | itively, you may claim th iptions—such as those t. However, if you claim | ne full fair market value of the property for health aids, rights to receive certai an exemption of 100% of fair market v | being exempted up to the amount of n benefits, and tax-exempt retirement alue under a law that limits the |
| Part 1: Identify the Pro | anarty Var. Clair | | | |
| | operty fou Clain | n as Exempt | | |
| 1. Which set of exempt | ions are you clai | ming? Check one only, e | even if your spouse is filing with you. | |
| ☐ You are claiming st | ate and federal no | onbankruptcy exemptions | s. 11 U.S.C. § 522(b)(3) | |
| You are claiming fe | ederal exemptions | . 11 U.S.C. § 522(b)(2) | | |
| 2. For any property you | ı list on <i>Schedul</i> | e A/B that you claim as | exempt, fill in the information below. | |
| Brief description of the Schedule A/B that lists | | on Current value of the portion you own | e Amount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| 501 North Elm St Be 56011 Scott County Homestead Legally described as Lot 6 and the South Block 139, City of B County, Minnesota. FMV: Comparable Market | y s: a 25 feet of Lot 5 selle Plaine, Sco | tt | S10,335.00 □ \$10,335.00 100% of fair market value, up tany applicable statutory limit | _ |

Clean

\$845.00

Line from Schedule A/B: 1.1

Line from Schedule A/B: 3.1

2003 Saturn Ion 229,000 miles

FMV: Edmunds - Private Party Value,

11 U.S.C. § 522(d)(2)

\$845.00

100% of fair market value, up to

any applicable statutory limit

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Debtor 1 LISA MARIE SANDBERG - MENDES

| tor 1 LISA MARIE SANDBERG - MEND | JES . | | Case number (if known) | |
|--|--|----------|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | | ount of the exemption you claim eck only one box for each exemption. | Specific laws that allow exemption |
| Dining Room/Display - \$150.00 Dressers/Beds - \$500.00 Sofas/Chairs/End Tables - \$300.00 Refrigerator/Freezer - \$400.00 Stove - \$200.00 Washer/Dryer - \$200.00 DVD/CDs - \$20.00 Books - \$20.00 | \$1,790.00 | | \$1,790.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| Line from Schedule A/B: 6.1 Push Lawnmower - \$100.00 Television - \$200.00 DVD Player - \$50.00 Line from Schedule A/B: 7.1 | \$350.00 | • | \$350.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| _aptop - \$100.00 Snowblower - \$100.00 Cell Phone - \$5.00 Line from <i>Schedule A/B</i> : 7.2 | \$205.00 | ■ | \$205.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Lladro Collection Line from <i>Schedule A/B</i> : 8.1 | \$800.00 | | \$800.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Wearing Apparel Line from <i>Schedule A/B</i> : 11.1 | \$200.00 | | \$200.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| Costume Jewelry Line from <i>Schedule A/B</i> : 12.1 | \$100.00 | ■ | \$100.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(4) |
| Cash - \$0.00 Line from <i>Schedule A/B</i> : 16.1 | \$0.00 | | \$0.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Checking: Wells Fargo Line from <i>Schedule A/B</i> : 17.1 | \$60.00 | | \$60.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Savings: Wells Fargo Line from <i>Schedule A/B</i> : 17.2 | \$30.00 | | \$30.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Community Resource Bank Custodial Checking account for mother in nursing home - \$60.00 (debtor is on account for testamentary purposes only, not property of the estate) Line from Schedule A/B: 17.4 | \$0.00 | | \$0.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |

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LISA MARIE SANDBERG - MENDES Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 401(k) through Employer - \$45481.76 11 U.S.C. § 522(d)(12) \$45,482.00 \$45,482.00 as of March 31, 2019 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit ESPP through Employer - \$249.03 as of 11 U.S.C. § 522(d)(12) \$249.00 \$249.00 May 28, 2019 Line from Schedule A/B: 21.2 100% of fair market value, up to any applicable statutory limit Anticipated 2019 Tax Refunds -11 U.S.C. § 522(d)(5) \$1,062.00 \$1,062.00 \$2590.00 (41% earned as of the date of filing) (estimate) 100% of fair market value, up to Line from Schedule A/B: 28.1 any applicable statutory limit Anticipated 2018 Property Tax Refund -11 U.S.C. § 522(d)(5) \$473.00 \$473.00 \$473.00 (estimate) Line from Schedule A/B: 28.2 100% of fair market value, up to any applicable statutory limit Earned, but unpaid wages (estimate) 11 U.S.C. § 522(d)(5) \$1,914.00 \$1,914.00 Line from Schedule A/B: 30.1 П 100% of fair market value, up to any applicable statutory limit Garnished wages within the last 90 11 U.S.C. § 522(d)(5) \$2,141.00 \$2,141.00 П Line from Schedule A/B: 30.2 100% of fair market value, up to any applicable statutory limit Anticipated Kwik Trip Bonus (end of 11 U.S.C. § 522(d)(5) \$100.00 \$100.00 year, not guaranteed) (estimate) Line from Schedule A/B: 30.3 100% of fair market value, up to any applicable statutory limit Vehicle Insurance Policy - no cash 11 U.S.C. § 522(d)(5) \$0.00 \$0.00 Line from Schedule A/B: 31.1 100% of fair market value, up to any applicable statutory limit Term Life Insurance Policy through CH 11 U.S.C. § 522(d)(8) \$0.00 \$0.00 Robinson - no cash value Line from Schedule A/B: 31.2 100% of fair market value, up to any applicable statutory limit Term Life Insurance Policy through 11 U.S.C. § 522(d)(5) \$0.00 \$0.00 Kwik Trip - no cash value Line from Schedule A/B: 31.3 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No П Yes

| | Ca | se 19-31735 | Doc 1 | Filed 05/29/19 Document | Entero | ed 05/29/19 18:1: 0 of 57 | 2:29 Desc N | 1ain |
|--------|----------------------------------|---------------------------|-----------------------|--|-----------------|---|--------------------------|-------------------|
| Fill | in this inforr | nation to identify yo | ur case: | Вооппен | 1 000 2 | 0 01 01 | | |
| Deb | otor 1 | LISA MARIE SA | NDBFRG - | MENDES | | | | |
| | | First Name | | dle Name | Last Name | | | |
| | otor 2 use if, filing) | First Name | Midd | dle Name | Last Name | | | |
| | | | | | | | | |
| Unit | ted States Ba | nkruptcy Court for the | : DISTRIC | CT OF MINNESOTA TH | HIRD DIVISION | ON | | |
| Cas | se number | | | | | | | |
| (if kn | own) | | | | | | _ | if this is an |
| | | | | | | | ameno | ded filing |
| Off | icial Forn | n 106D | | | | | | |
| | | | : Who H | lave Claims | Secure | d by Property | | 12/15 |
| | | | | | | <u> </u> | | |
| s ne | | | | | | qually responsible for sup On the top of any additiona | | |
| | , | have claims secured b | v vour proper | tv2 | | | | |
| | | | | | schedules \ | You have nothing else to | report on this form | |
| | _ | all of the information | | io ocure mai your outor | corrodatos. | Tournavo Hourning Glob to | roport on the rom. | |
| Dor | | | below. | | | | | |
| | | Il Secured Claims | | | -1:4 | Column A | Column B | Column C |
| for e | ach claim. If m | ore than one creditor ha | s a particular cl | secured claim, list the crediaim, list the other creditors | s in Part 2. As | | Value of collateral | Unsecured |
| muc | h as possible, l | ist the claims in alphabe | tical order acco | rding to the creditor's name | e. | | that supports this claim | portion If any |
| 2.1 | PENNYM | | | | | | | \$0.00 |
| | SERVICE: Creditor's Nam | | _ | e property that secures t | | \$140,298.00 | \$150,633.00 | \$0.00 |
| | | | | n Elm St Belle Plaine, cott County | , IVIIN | | | |
| | | | Homestea | - | | | | |
| | | | | escribed as: | | | | |
| | | | | the South 25 feet of , City of Belle Plaine | | | | |
| | | | County, M | · • | , 50011 | | | |
| | | | | | | | | |
| | | | FMV: | bla Mawkat Amakaia | | | | |
| | | | \$150,633 | ble Market Analysis - | • | | | |
| | PO BOX 5 | NKRUPTCY | | ate you file, the claim is: | Check all that | | | |
| | | ELES, CA 90051 | apply. | | | | | |
| | | , City, State & Zip Code | ☐ Continge☐ Unliquida | | | | | |
| | | , сту, стана стр с с с с | ☐ Disputed | | | | | |
| Who | o owes the de | ebt? Check one. | | ien. Check all that apply. | | | | |
| | Debtor 1 only | | • | ement you made (such as r | mortgage or se | ecured | | |
| | Debtor 2 only | | car loan |) | | | | |
| | Debtor 1 and De | ebtor 2 only | , | lien (such as tax lien, med | chanic's lien) | | | |
| _ | | he debtors and another | ☐ Judgmer | nt lien from a lawsuit | | | | |
| | Check if this cl community de | aim relates to a bt | Other (in | cluding a right to offset) | REAL EST | TATE MORTGAGE ON | · · | |
| Date | e debt was inc | urred 2015 | Last | 4 digits of account number | ber 0229 | | | |

Add the dollar value of your entries in Column A on this page. Write that number here: \$140,298.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$140,298.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | | Do | cument Pac | ne 21 | of 57 | | |
|------------------------------------|--|---|--|--|-----------|--|--------------------------------|--|
| Fill in t | his inform | nation to identify your | case: | | | | | |
| Debtor | 1 | LISA MARIE SAND | BERG - MEND | FS | | | | |
| | | First Name | Middle Name | Last N | lame | | | |
| Debtor (Spouse i | _ | First Name | Middle Name | Last N | lame | | | |
| United | States Bar | nkruptcy Court for the: | DISTRICT OF M | IINNESOTA THIRD D | IVISIO | N | | |
| | | | | | | | | |
| Case n (if known) | | | | | | | _ | Check if this is an mended filing |
| | | <u>106E/F</u> /F: Creditors W | ho Have Ur | nsecured Clair | ms | | | 12/15 |
| Schedule Schedule left. Atta | e G: Execut e D: Credito ch the Cont d case num | ory Contracts and Unexpors Who Have Claims Sec | ired Leases (Officia ured by Property. If e. If you have no in | I Form 106G). Do not in more space is needed, | clude a | ontracts on Schedule A/B: P any creditors with partially s he Part you need, fill it out, r o not file that Part. On the to | ecured claims number the en | that are listed in tries in the boxes on the |
| 1. Do | any credito | rs have priority unsecure | d claims against yo | u? | | | | |
| | No. Go to Pa | art 2. | | | | | | |
| | | | | | | | | |
| Part 2: | | of Your NONPRIORIT | Y Unsecured Cla | ims | | | | |
| 4. List | No. You hav Yes. all of your ecured claim | n, list the creditor separately | art. Submit this form aims in the alphabe of for each claim. For | to the court with your oth tical order of the credite each claim listed, identify | or who | dules. holds each claim. If a credito ype of claim it is. Do not list cla three nonpriority unsecured cla | ims already ind | cluded in Part 1. If more |
| Part | | n noids a particular ciaim, ii | st the other creditors | ili Fait 3.ii you nave moi | ie iliali | tillee nonphonty unsecured ca | aiiris iiii out tile | Continuation Fage of |
| | | | | | | | | Total claim |
| 4.1 | | NANCIAL | Las | t 4 digits of account nu | mber | 1512 | | \$11,533.00 |
| | 200 REN | Creditor's Name NAISSANCE CTR T, MI 48243 | Who | en was the debt incurre | ed? | Opened 07/16 Last Ac 11/07/17 | ctive | _ |
| | | reet City State Zip Code red the debt? Check one. | As o | of the date you file, the | claim is | s: Check all that apply | | |
| | Debtor | | П | Contingent | | | | |
| | ☐ Debtor | , | | Jnliquidated | | | | |
| | _ | and Debtor 2 only | | Disputed | | | | |
| | | one of the debtors and and | _ | e of NONPRIORITY uns | secured | claim: | | |
| | | if this claim is for a comr | | Student loans | | | | |
| | debt | n subject to offset? | | Obligations arising out of ort as priority claims | a separ | ration agreement or divorce that | at you did not | |
| | ■ No | - | <u></u> | , , | t-sharing | g plans, and other similar debts | 6 | |
| | ☐ Yes | | | Other Specify REPO | SSES | SION BALANCE | | |

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Debtor 1 LISA MARIE SANDBERG - MENDES Case number (if known) AMERICAN ACCOUNTS & \$349.00 4.2 ADVISERS INC Last 4 digits of account number Nonpriority Creditor's Name 7460 80TH ST S When was the debt incurred? COTTAGE GROVE, MN 55016-3007 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: lacksquare At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify COLLECTION ☐ Yes 4.3 BANK OF AMERICA 2006 \$2,055.00 Last 4 digits of account number Nonpriority Creditor's Name 4909 SAVARESE CIRCLE When was the debt incurred? 2016 FL1-908-01-50 TAMPA, FL 33634 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **CREDIT CARD PURCHASES** 4.4 **CAPITAL ONE** 0616 \$3,840.00 Last 4 digits of account number Nonpriority Creditor's Name ATTN: BANKRUPTCY When was the debt incurred? 2015 PO BOX 30285 SALT LAKE CITY, UT 84130 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify JUDGMENT

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| 4.5 | CHASE CARD SERVICES | Last 4 digits of account number 4873 | \$3,086.00 |
|-----|--|---|------------|
| | Nonpriority Creditor's Name CORRESPONDENCE DEPT PO BOX 15298 | Opened 05/16 Last Active 8/20/17 | |
| | WILMINGTON, DE 19850 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify CREDIT CARD PURCHASES | |
| | | | |
| 4.6 | CITIBANK/THE HOME DEPOT Nonpriority Creditor's Name | Last 4 digits of account number 6808 | \$3,186.00 |
| | ATTN: RECOVERY/CENTRALIZED BANKRUPTCY PO BOX 790034 | When was the debt incurred? 2015 | |
| | ST LOUIS, MO 63179 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify CREDIT CARD PURCHASES | |
| | | | |
| 4.7 | CITICARDS Nonpriority Creditor's Name | Last 4 digits of account number 1948 | \$1,198.00 |
| | CITICORP CREDIT SERVICES/ATTN: CENTRALIZ PO BOX 790040 | When was the debt incurred? 1989 | |
| | SAINT LOUIS, MO 63179 | A total total of the districts of the state of | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify CREDIT CARD PURCHASES | |

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Debtor 1 LISA MARIE SANDBERG - MENDES Case number (if known) 4.8 DISCOVER BANK Last 4 digits of account number \$5.346.00 Nonpriority Creditor's Name 502 MARKET ST When was the debt incurred? GREENWOOD, DE 19950 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify DEFICIENCY BALANCE ☐ Yes 4.9 HOGLUND LAW FIRM Last 4 digits of account number \$1,265.00 Nonpriority Creditor's Name 1781 COUNTY RD B W When was the debt incurred? ROSEVILLE, MN 55113 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes DEFICIENCY BALANCE Other. Specify 4.1 ONEMAIN FINANCIAL 3331 \$14,689.00 Last 4 digits of account number Nonpriority Creditor's Name ATTN: BANKRUPTCY Opened 01/17 Last Active When was the debt incurred? 4/16/17 601 NW 2ND STREET **EVANSVILLE, IN 47708** Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Other. Specify LOAN

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| PALISADES COLLECTION LLC | Last 4 digits of account number | | \$3,091.00 | | | |
|---|--|---|------------|--|--|--|
| Nonpriority Creditor's Name 210 SYLVAN AVE | When was the debt incurred? | | | | | |
| ENGLEWOOD CLIFFS, NJ 07632 Number Street City State Zip Code | As of the date you file, the claim | in Charle all that apply | | | | |
| Who incurred the debt? Check one. | As of the date you me, the claim | із. Спеск ан тат арріу | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt | Obligations arising out of a sepa | aration agreement or divorce that you did not | | | | |
| Is the claim subject to offset? | report as priority claims | , | | | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| Yes | ■ Other. Specify COLLECTION | ON | | | | |
| SEVENTH AVE | Last 4 digits of account number | 484A | \$521.00 | | | |
| Nonpriority Creditor's Name | | | | | | |
| ATTN: BANKRUPTCY DEPT 1112 7TH AVE | When was the debt incurred? | 2014 | | | | |
| MONROE, WI 53566 | | | | | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | |
| Who incurred the debt? Check one. | | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| lacktriangle At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| ☐ Check if this claim is for a community | Student loans | | | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| No | Debts to pension or profit-sharir | ng plans, and other similar debts | | | | |
| ☐ Yes | ■ Other. Specify CREDIT CA | | | | | |
| 7 | | | | | | |
| SYNCHRONY BANK | Last 4 digits of account number | 1002 | \$4,273.00 | | | |
| Nonpriority Creditor's Name PO BOX 6153 | When was the debt incurred? | Opened 11/17 | | | | |
| RAPID CITY, SD 57709-6153 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | |
| Who incurred the debt? Check one. | • | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | | | | |
| □Yes | ■ Other. Specify CREDIT CARD PURCHASES | | | | | |

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| 4.1 | SYNCHRON | IV DANK | Lord Bitter Construction | er 099° | 1 | | \$2,763.00 |
|---|-------------------------|---|--|--------------|----------------|---|-------------------------|
| <u> </u> | Ionpriority Cred | | Last 4 digits of account numb | er USS | 1 | _ | φ2,703.00 |
| P | PO BOX 615 | 53 | When was the debt incurred? | 2017 | 7 | | |
| | | , SD 57709-6153 | | ! 0! | | | |
| | | City State Zip Code he debt? Check one. | As of the date you file, the clai | m is: Chec | ck all that ap | оріу | |
| _ | _ | | Пол | | | | |
| _ | Debtor 1 only | | Contingent | | | | |
| | Debtor 2 only | | ☐ Unliquidated | | | | |
| | Debtor 1 and | | Disputed | | _ | | |
| | | of the debtors and another | Type of NONPRIORITY unsecu ☐ Student loans | irea ciaim: | : | | |
| | ☐ Check if this lebt | s claim is for a community | _ | | | | |
| | | ject to offset? | Obligations arising out of a sereport as priority claims | eparation a | igreement o | or divorce that you did not | |
| _ | No | • | Debts to pension or profit-sha | aring plans | . and other | similar debts | |
| | ⊒ Yes | | ■ Other. Specify CREDIT | | | | |
| | ⊒ 162 | | Other. Specify ONLDTT | SAIND I | OROTIAC | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Dort 2 | List Others | to Do Notified About a Dob | t That You Already Listed | | | | |
| Part 3: | | to Be Notified About a Deb | - | | | | |
| is trying have mo | to collect from | n you for a debt you owe to so | pout your bankruptcy, for a debt the neone else, list the original credito you listed in Parts 1 or 2, list the a submit this page. | r in Parts 1 | 1 or 2, then | list the collection agency | here. Similarly, if you |
| Name and | | | On which entry in Part 1 or Part 2 did | | J | | |
| | RECEIVAB YWOOD DR | | ine <u>4.12</u> of (<i>Check one</i>): | | | | |
| | JMA, CA 94 | | | Part 2: | : Creditors v | with Nonpriority Unsecured | Claims |
| | , | | ast 4 digits of account number | | | | |
| Name and | | | On which entry in Part 1 or Part 2 did y | | | | |
| | RLI & KRAN | | ine <u>4.4</u> of (<i>Check one):</i> | | | with Priority Unsecured Clai | |
| | AMPUS DR UTH, MN 55 | | | Part 2: | : Creditors v | with Nonpriority Unsecured | Claims |
| LIMO | OTTI, IVIIV 30 | | ast 4 digits of account number | 1 | 1634 | | |
| Name and | Address | (| On which entry in Part 1 or Part 2 did v | ou list the | original cred | ditor? | |
| PORTFO | OLIO RECC | | ine <u>4.13</u> of (<i>Check one</i>): | | | with Priority Unsecured Clai | ms |
| PO BOX | | 4.4 | | Part 2 | : Creditors v | with Nonpriority Unsecured | Claims |
| NORFO | LK, VA 235 | | ast 4 digits of account number | 1 | 1002 | | |
| | | | | <u>'</u> | 1002 | | |
| Name and | | | On which entry in Part 1 or Part 2 did | | | | |
| PORTE PO BOX | OLIO RECC | DVERY | ine 4.14 of (Check one): | _ | | | |
| | LK, VA 235 | 41 | | Part 2: | : Creditors v | with Nonpriority Unsecured | Claims |
| | , | | ast 4 digits of account number | C | 991 | | |
| Name and | Address | | On which entry in Part 1 or Part 2 did y | OU list the | original cred | ditor? | |
| | COLONY | | ine 4.12 of (Check one): | | | with Priority Unsecured Clai | ms |
| 1112 7TH AVE | | | | | | with Nonpriority Unsecured | |
| MONROE, WI 53566 Last 4 digits of account number | | | | | | , | |
| | | | Last 4 digits of account number | | | | |
| Part 4: | Add the An | nounts for Each Type of Un | secured Claim | | | | |
| 6. Total the | | certain types of unsecured clair | ns. This information is for statistic | al reporting | g purposes | s only. 28 U.S.C. §159. Add | d the amounts for each |
| | | | | | | Total Claim | |
| | 6a. | Domestic support obligations | | 6a. | \$ | 0.00 | |
| To clair | | | | | | | |
| from Par | | Taxes and certain other debts | you owe the government | 6b. | \$ | 0.00 | _ |
| | 6c. | Claims for death or personal i | njury while you were intoxicated | 6c. | \$ | 0.00 | = |

| | | | i otai olaiiii |
|-----|---|-----|----------------|
| 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| | | | |
| 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | | | |

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Debtor 1 LISA MARIE SANDBERG - MENDES

| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
|-----------------------|-------------------|---|------------|----------|------------------|
| Total | 6f. | Student loans | 6f. | \$ | Total Claim 0.00 |
| claims from Part 2 | 6g. 6h. 6i. | you did not report as priority claims | 6g. 6h. | \$ \$ | 0.00 |
| | | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 57,195.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 57,195.00 |

Official Form 106 E/F

Fill in this information to identify your case: Debtor 1 LISA MARIE SANDBERG - MENDES First Name Middle Name Last Name Debtor 2 First Name Middle Name (Spouse if, filing) Last Name United States Bankruptcy Court for the: DISTRICT OF MINNESOTA THIRD DIVISION Case number (if known) ☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the r, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | - |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | - |
| 2.3 | Oity | | Olate | Zii Gode | |
| | Name | | | | _ |
| | | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | | •• | | | |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | |
| | | | | | <u> </u> |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| | | | | | |

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| | | Docume | nt Page 29 o | f 57 | |
|--------------------------------|--|---|------------------------|---|--|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | | DBERG - MENDES | | | |
| D 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | g) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the: | DISTRICT OF MINNESO | OTA THIRD DIVISION | | |
| Case numb | ner | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Official | Form 106H | | | | |
| | | ahtara | | | |
| Schea | ule H: Your Cod | eptors | | | 12/15 |
| ill it out, an | | boxes on the left. Attach . Answer every question. | the Additional Page to | o this page. On the top | eeded, copy the Additional Page, of any Additional Pages, write |
| ■ Na | | | | | |
| ■ No □ Yes | | | | | |
| | nin the last 8 years, have you a, California, Idaho, Louisiana | | | | states and territories include |
| | Go to line 3. Did your spouse, former spo | use, or legal equivalent live | with you at the time? | | |
| in line Form 1 | 2 again as a codebtor only | f that person is a guarant | or or cosigner. Make s | sure you have listed th | g with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor lame, Number, Street, City, State and Z | IP Code | | Column 2: The cre Check all schedule | ditor to whom you owe the debt s that apply: |
| 3.1 | | | | ☐ Schedule D, line | <u>)</u> |
| | Name | | | ☐ Schedule E/F, li | |
| | | | | ☐ Schedule G, line | e |
| | Number Street City | State | ZIP Code | _ | |
| 3.2 | | | | ☐ Schedule D, line | 9 |
| | Name | | | □ Schedule E/F, li | ne |
| | | | | ☐ Schedule G, line | e |
| | Number Street | | | | |

State

City

ZIP Code

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| E:11 | to the total and the state of t | | | | | | | | | |
|------------------------|--|---|-------------------------|-------------------------------|----------------------|---|--------------------------------------|--------------------------------|-----------------------------|-----------------|
| | in this information to identify your captor 1 LISA MARIE | SANDBERG - MENDE | ES . | | | | | | | |
| | otor 2 ouse, if filing) | | | | | | | | | |
| Uni | ted States Bankruptcy Court for the | : DISTRICT OF MINNE | SOTA TH | HIRD DIVISIO | ON | | | | | |
| Case number (If known) | | | | | | Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: | | | | |
| O. | fficial Form 106I | | | | | | MM / DD/ Y | | lowing date. | |
| | chedule I: Your Inc | ome | | | | | IVIIVI / DD/ Y | 111 | | 12/15 |
| sup spo atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filir r spouse is not filing wi | ng jointly th you, d | , and your s lo not includ | pouse i le inforr | s livir natior | ig with you, inclu about your spo | ude informa | ation about e space is r | your needed, |
| 1. | Fill in your employment information. | | | | | | Debtor 2 | Debtor 2 or non-filling spouse | | |
| | If you have more than one job, attach a separate page with information about additional | Employment status* | ■ Employed | | | ☐ Emplo | ☐ Employed | | | |
| | | p.:0, | ☐ Not | ☐ Not employed | | | | ☐ Not employed | | |
| | employers. | Occupation | Acct C | Coordinator | Age: 54 | 1 | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | CH R | binson | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | Eden | Prairie, MN | | | | | | |
| | | How long employed the | here? | 24 years | <u> </u> | | | | | |
| | | 3 - 1 - 3 | | | | for A | dditional Emplo | yment Info | rmation | |
| Par | Give Details About Mor | nthly Income | | | | | | | | |
| | mate monthly income as of the dause unless you are separated. | ate you file this form. If y | you have | nothing to re | port for | any lir | ne, write \$0 in the | space. Incl | ude your nor | n-filing |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | mbine th | e information | for all e | mploy | ers for that perso | n on the line | es below. If y | ou need |
| | | | | | | | For Debtor 1 | For Debt | tor 2 or g spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | | 2. | \$_ | 3,870.00 | \$ | N/A | |
| 3. | Estimate and list monthly overti | ime pay. | | | 3. | +\$_ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | | 4. | \$_ | 3,870.00 | \$ | N/A_ | |
| | | | | | | | | | | |

Official Form 106I Schedule I: Your Income page 1

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| Deb | tor 1 | LISA MARIE SANDBERG - MENDES | = | Cas | e number (if known) | | | |
|-----|-----------------------|---|-------------|----------|---------------------|-------------------|----------------------------------|---------------------|
| | | | | | or Debtor 1 | | r Debtor 2 or n-filing spouse | 9 |
| | Cop | by line 4 here | 4. | \$ | 3,870.00 | \$_ | N/ | <u>'A</u> |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. 5b. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans | 5a. 5b. | \$ \$ | 1,008.00 | \$_ \$ | N/ N/ | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 259.00 | \$ | N/ | 'A |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 90.00 | \$_ | N/ | |
| | 5e. | Insurance | 5e. | \$ | 100.00 | \$_ | N/ | |
| | 5f. | Domestic support obligations | 5f. | \$ \$ | 0.00 | \$_ \$ | N/ | |
| | 5g. 5h. | Union dues Other deductions. Specify: Flex Account | 5g. 5h.+ | | 0.00 | + \$ ⁻ | N/ N/ | |
| | 011. | LTD | _ '''' | \$ | 2.00 | ` \$ - | N/ | |
| 6. | Αdd | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | — 6. | \$ | 1,576.00 | *_ \$ | N/ | |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,294.00 | * \$ | N/ | |
| | | all other income regularly received: | • • • | ٠. | 2,204.00 | *- | 14/ | <u> </u> |
| 8. | 8a. | Net income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | N/ | ' Λ |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$- | N/ | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | \$ | 0.00 | \$ | N/ | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$_ | N/ | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | N/ | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | \$ | 0.00 | \$ | N/ | 'Α |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | N/ | |
| | | 2nd Job \$1088gross \$44life/critical | | | 222.22 | _ | | |
| | 8h. | Other monthly income. Specify: insur/std \$218taxes | 8h.+ | \$ | 826.00 | + \$_ | N/ | <u>A</u> |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 826.00 | \$_ | N | J/A |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 3,120.00 + \$ | | N/A = \$ | 3,120.00 |
| 11 | | te all other regular contributions to the expenses that you list in Schedule | _ | | I | | | |
| | Inclu othe Do r | ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | r depen | | • | | Schedule J. 11. +\$ _ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | 12. \$ | 3,120.00 |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | 1? | | | | | bined hly income |
| | 1.1 | I GO. L'XVIdIII. | | | | | | |

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| Debtor 1 | LISA MARIE SANDBERG - MENDES | Case number (if known) |
|----------|------------------------------|------------------------|
|----------|------------------------------|------------------------|

Official Form B 6I Attachment for Additional Employment Information

| Debtor | | |
|---------------------|------------------|--|
| Occupation | Customer Service | |
| Name of Employer | Kwick Trip | |
| How long employed | 10 months | |
| Address of Employer | | |
| | Belle Plaine, MN | |

Official Form 106l Schedule I: Your Income page 3

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| | | | | | | 1 | | | | |
|-----------|--|---|--------------------------------------|--|---|------------|------|-------------------|-------------------------------|-------|
| Fill | in this informa | tion to identify yo | our case: | | | | | | | |
| Deb | tor 1 | LISA MARIE | SANDBE | RG - MENDES | | Cł | neck | c if this is: | | |
| | | | | | | | l A | An amended filing | | |
| | tor 2 | | | | | | | | ring postpetition chap | pter |
| (Spo | ouse, if filing) | | | | | | 1 | 3 expenses as of | the following date: | |
| Unit | United States Bankruptcy Court for the: DISTRICT OF MINNESOTA THIRD DIVISION | | | | | | N | MM / DD / YYYY | | |
| l | e number nown) | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | | |
| Sc | chedule | J: Your | Exper | ises | | | | | | 12/15 |
| Be info | as complete a ormation. If m mber (if know | and accurate as ore space is ne n). Answer ever | possible eded, atta ry questio | . If two married people a | | | | | | |
| Par 1. | t 1: Descr Is this a joir | ibe Your House | hold | | | | | | | |
| ١. | • | | | | | | | | | |
| | ■ No. Go to | | | ate household? | | | | | | |
| | | | ın a separ | ate nousenoid? | | | | | | |
| | □ N | | st file Offici | al Form 106J-2, Expense | s for Separate House | ehold of D | ebto | or 2. | | |
| 2. | Do you have | e dependents? | ■ No | | | | | | | |
| | Do not list Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | _ | Dependent's age | Does dependent live with you? | |
| | Do not state | | | | | | | | □ No | |
| | dependents | names. | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | □ Yes □ No | |
| | | | | | | | | | ☐ Yes | |
| 3. | Do your exp | enses include | _ | No | | | | | □ Tes | |
| | expenses of | f people other t d your depende | han $_{m \Box}$ | Yes | | | | | | |
| | | ate Your Ongoi | | | | | | | | |
| exp | | | | uptcy filing date unless y is filed. If this is a sup | | | | | | |
| | • | • | | government assistance cluded it on <i>Schedule I:</i> | • | | | | | |
| (Off | ficial Form 10 |)6l.) | | | | | | Your expe | enses | |
| 4. | | or home owners | | ses for your residence. | Include first mortgage | e 4. | \$ | | 1,162.00 | |
| | If not includ | led in line 4: | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 | |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. | | | 0.00 | |
| | | • | | ıpkeep expenses | | 4c. | - 1 | | 75.00 | |
| | 4d. Home | owner's associat | tion or con | dominium dues | | 4d. | \$ | | 0.00 | |
| 5. | Additional r | nortgage payme | ents for yo | our residence, such as h | ome equity loans | 5. | \$ | | 0.00 | |

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| Debi | or 1 LISA MARIE SANDBERG - MENDES | Case num | ber (if known) | |
|-------------|--|--------------|------------------|-----------------------------|
| 6. | Utilities: | | | |
| J. | 6a. Electricity, heat, natural gas | 6a. | \$ | 350.00 |
| | 6b. Water, sewer, garbage collection | 6b. | | 225.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | | 245.00 |
| | 6d. Other. Specify: | 6d. | · · | 0.00 |
| 7. | Food and housekeeping supplies | — 7. | · | 275.00 |
| r. B. | Childcare and children's education costs | 8. | \$ | 0.00 |
|). 9. | | 9. | · | |
| | Clothing, laundry, and dry cleaning | | · | 100.00 |
| | Personal care products and services | 10. | · : ———— | 100.00 |
| | Medical and dental expenses | 11. | \$ | 185.00 |
| 2. | Transportation. Include gas, maintenance, bus or train fare. | 12. | \$ | 150.00 |
| 2 | Do not include car payments. | 13. | · <u> </u> | 100.00 |
| | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. 14. | · | |
| | Charitable contributions and religious donations | 14. | \$ | 50.00 |
| 5. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | ¢ | 0.00 |
| | 15b. Health insurance | 15a. 15b. | · | 0.00 |
| | | | · | 0.00 |
| | 15c. Vehicle insurance | 15c. | · - | 100.00 |
| _ | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 6. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | 40 | • | 0.00 |
| _ | Specify: | 16. | \$ | 0.00 |
| 7. | Installment or lease payments: | 47- | Φ. | 0.00 |
| | 17a. Car payments for Vehicle 1 | 17a. | · · | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | 17c. Other. Specify: | 17c. | · | 0.00 |
| | 17d. Other. Specify: | 17d. | \$ | 0.00 |
| 8. | Your payments of alimony, maintenance, and support that you did not report as | | Φ. | 0.00 |
| | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | · | |
| 9. | Other payments you make to support others who do not live with you. | | \$ | 0.00 |
| _ | Specify: | 19. | _ | |
| 0. | Other real property expenses not included in lines 4 or 5 of this form or on School | | | 0.00 |
| | 20a. Mortgages on other property | 20a. | | 0.00 |
| | 20b. Real estate taxes | 20b. | · | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| 1. | Other: Specify: | 21. | +\$ | 0.00 |
| | | | | |
| 4 2. | Calculate your monthly expenses | | • | 2 447 00 |
| | 22a. Add lines 4 through 21. | | \$ | 3,117.00 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 3,117.00 |
| 2 | Calculate your monthly not income | | | |
| ٥. | Calculate your monthly net income. | 220 | ¢ | 2 400 00 |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | · | 3,120.00 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b. | -\$ ⁱ | 3,117.00 |
| | One Contract and a second by a second fraction of the contract | | | |
| | 23c. Subtract your monthly expenses from your monthly income. | 23c. | \$ | 3.00 |
| | The result is your monthly net income. | 200. | <u> </u> | 0.00 |
| 2/ | Do you expect an increase or decrease in your expenses within the year after you | ou filo thic | form? | |
| 24. | For example, do you expect to finish paying for your car loan within the year or do you expect you | | | se or decrease because of a |
| | modification to the terms of your mortgage? | | , | |
| | ■ No. | | | |
| | □ Yes Explain here: | | | |
| | LITES LEADIGITHEE. | | | |

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| Fill in this infor | rmation to identify your | case: | | | | |
|---------------------------------------|--|---------------------------|---------------|---|---|--|
| Debtor 1 LISA MARIE SANDBERG - MENDES | | | | | | |
| | First Name | Middle Name | Las | st Name | _ | |
| Debtor 2 | E: AN | A4:111. A1 | | | _ | |
| (Spouse if, filing) | First Name | Middle Name | Las | st Name | | |
| United States B | ankruptcy Court for the: | DISTRICT OF MINNES | OTA THIRD | DIVISION | _ | |
| Case number | | | | | | and the state of t |
| (II KHOWH) | | | | | | eck if this is an ended filing |
| Official For Declara | | ın Individual | Debte | or's Schedule | s | 12/15 |
| f two married p | people are filing togethe | r, both are equally respo | onsible for s | upplying correct information | on. | |
| obtaining mone years, or both. 1 | | n connection with a ban | | ed schedules. Making a fals e can result in fines up to \$ | | |
| Did you pa | ay or agree to pay some | one who is NOT an atto | rney to help | you fill out bankruptcy for | ms? | |
| ■ No | | | | | | |
| ☐ Yes. | Name of person | | | | ch Bankruptcy Petition laration, and Signature | |
| | alty of perjury, I declare re true and correct. | that I have read the sum | nmary and s | chedules filed with this de | claration and | |
| X /s/LIS | SA MARIE SANDBERG | - MENDES | Х | | | |
| LISA | MARIE SANDBERG - Nure of Debtor 1 | | | Signature of Debtor 2 | | |
| Date | May 29, 2019 | | | Date | | |
| | | | | | | |

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| Fill in | this information to identify you | r case: | | | |
|------------------|--|--|---|--|---|
| Debto | or 1 I ISA MARIE SAN | NDBERG - MENDES | | | |
| | First Name | Middle Name | Last Name | | |
| Debto | or 2 e if, filing) First Name | Middle Name | Last Name | | |
| , . | | | | | |
| United | d States Bankruptcy Court for the: | DISTRICT OF MINNESO | TA THIRD DIVISION | | |
| Case (if know | number /n) | | | _ | Check if this is an amended filing |
| | cial Form 107 tement of Financial | Affairs for Indivi | duals Filing for B | ankruptcy | 4/1: |
| inform numbe | | attach a separate sheet to stion. arital Status and Where You | this form. On the top of an | | |
| 1. V | Vhat is your current marital statu | IS? | | | |
| | Married | | | | |
| | Not married | | | | |
| 2. D | ouring the last 3 years, have you | lived anywhere other than | where you live now? | | |
| |] No | | | | |
| | Yes. List all of the places you I | ived in the last 3 years. Do no | ot include where you live nov | <i>1</i> . | |
| I | Debtor 1 Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | dress: | Dates Debtor 2 lived there |
| | 1800 County Rd 40 Apt 105 BELLE PLAINE, MN 56011 | From-To: 2008-2015 | ☐ Same as Debtor | I | ☐ Same as Debtor 1 From-To: |
| states | • | nlifornia, Idaho, Louisiana, Ne hedule H: Your Codebtors (Of ar Income | vada, New Mexico, Puerto R | ico, Texas, Washington and V | Visconsin.) |
| F | lid you have any income from er ill in the total amount of income yo you are filing a joint case and you | ou received from all jobs and a | all businesses, including part | time activities. | endar years? |
| |] No | | | | |
| | Yes. Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | January 1 of current year until ate you filed for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$21,094.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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Case number (if known)

Document Debtor 1 LISA MARIE SANDBERG - MENDES

| | | | Debtor 1 | | Debtor 2 | |
|-------------------------------|--|---|---|--|---|--|
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | |
| For last cale (January 1 t | endar year: to December | 31, 2018) | ■ Wages, commissions, bonuses, tips | \$56,995.00 | ☐ Wages, com bonuses, tips | missions, |
| | | | ☐ Operating a business | | ☐ Operating a | business |
| | endar year be to December | | ■ Wages, commissions, bonuses, tips | \$67,582.00 | ☐ Wages, com bonuses, tips | missions, |
| | | | ☐ Operating a business | | ☐ Operating a | business |
| List each | h source and t | he gross inco | e and you have income that y | | hat you listed in lin | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below. | |
| Part 3: | ist Certain Pa | yments You | Made Before You Filed for I | Bankruptcy | | |
| □ No | . Neither De individual p During the No. Yes * Subject | pettor 1 nor D primarily for a 90 days befo Go to line 7 List below e paid that cre not include to adjustment or Debtor 2 o | personal, family, or househol re you filed for bankruptcy, die ach creditor to whom you pai | Imer debts. Consumer debted purpose." If you pay any creditor a total did a total of \$6,825* or more test for domestic support obligations bankruptcy case. It is after that for cases filed on the mer debts. | al of \$6,825* or mon in one or more pay gations, such as ch or after the date o | ments and the total amount you ild support and alimony. Also, do f adjustment. |
| | □ No. ■ Yes | include pay | ach creditor to whom you paid | | | you paid that creditor. Do not Also, do not include payments to an |
| Credito | or's Name and | d Address | Dates of payme | nt Total amount paid | Amount you still owe | Was this payment for |
| | YMAC LOAN BANKRUPI | | S Debtor has bee | en \$3,486.00 | \$140,298.00 | ■ Mortgage |

PO BOX 514387 LOS ANGELES, CA 90051 monthly mortgage payments within the last 90 days.

☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other__

Case 19-31735 Doc 1 Filed 05/29/19 Entered 05/29/19 18:12:29 Desc Main Document Page 38 of 57 LISA MARIE SANDBERG - MENDES Case number (if known) Debtor 1 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimonv. Nο Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Capital One Bank (USA), N.A. vs Lisa Garnishment Scott County District Court Pending m Sandbergmendes First Judicial District □ On appeal 70-CV-18-10357 200 4th Ave W ☐ Concluded Shakopee, MN 55379 Notice of Entry and Docketing of Judgment, Garnishment Summons, Notice of Levy on Garnishee Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property **Explain** what happened **ALLY FINANCIAL** 2016 Chevrolet Cruze May 2018 \$0.00 200 RENAISSANCE CTR DETROIT, MI 48243 Property was repossessed.

☐ Property was attached, seized or levied.

□ Property was foreclosed.□ Property was garnished.

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Debtor 1 LISA MARIE SANDBERG - MENDES Page 39 of 57

Case number (# known)

| | Creditor Name and Address | Des | cribe the Property | Date | Value of the property | | | | |
|-----|--|---------|--|----------------------------|-----------------------|--|--|--|--|
| | | Exp | olain what happened | | | | | | |
| | CAPITAL ONE/M&K ATTN: BANKRUPTCY PO BOX 30285 SALT LAKE CITY, UT 84130 | \$21 | otor's wages have been garnished 46.17 within the last year. (\$2141.10 of ch has been taken within the last 90 days). | 2/15/19 through current | \$2,146.17 | | | | |
| | SALI LAKE CITT, OT 64130 | | Property was repossessed. Property was foreclosed. | | | | | | |
| | | ■ F | Property was garnished. | | | | | | |
| | | | Property was attached, seized or levied. | | | | | | |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment be No Yes. Fill in the details. | | lid any creditor, including a bank or financial ins you owed a debt? | titution, set off any a | amounts from your | | | | |
| | Creditor Name and Address | Des | cribe the action the creditor took | Date action was taken | Amount | | | | |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions | | | | | | | | |
| | | | | | | | | | |
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No ■ Yes. Fill in the details for each gift. | | | | | | | | |
| | Gifts with a total value of more than \$600 per person | 0 | Describe the gifts | Dates you gave the gifts | Value | | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | | |
| 14. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co | | id you give any gifts or contributions with a tota | value of more than | \$600 to any charity? | | | | |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Describe what you contributed | Dates you contributed | Value | | | | |
| Par | t 6: List Certain Losses | | | | | | | | |
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | | Describ | be any insurance coverage for the loss | Date of your | Value of property | | | | |
| | how the loss occurred | | the amount that insurance has paid. List pending | loss | lost | | | | |
| | | | ce claims on line 33 of Schedule A/B: Property. | | | | | | |

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Debtor 1 LISA MARIE SANDBERG - MENDES Document Page 40 of 57
Case number (if known)

| Pa | tt 7: List Certain Payments or Transfers | | | | | | | | | | |
|-----|---|---|--|--|------------------------|--|--|--|--|--|--|
| 16. | Within 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or prepare Include any attorneys, bankruptcy petition prepare | ing a bankruptcy petition? | | | ty to anyone you | | | | | | |
| | □ No | | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | |
| | Person Who Was Paid | Description and value of any prope | erty | Date payment | Amount of | | | | | | |
| | Address Email or website address Person Who Made the Payment, if Not You | transferred | | or transfer was made | payment | | | | | | |
| | Allen Credit & Debt Counseling 195 Brooks Street East Wessington, SD 57381 | Consumer Credit Counseling | | 5/7/19 | \$0.00 | | | | | | |
| | Hoglund, Chwialkowski & Mrozik P.L.L.C 1781 West County Road B PO Box 130938 Roseville, MN 55113-4052 bestcase@hoglundlaw.com | Filing fee in the amount of \$335.0 attorney fees in the amount of \$8 paid from the debtor's earnings p filing of this case. | 65.00 | | \$1,200.00 | | | | | | |
| | Centralized Management Services | Debtor was making regular month payments to a debt concolidation from May 2018 through June 201 \$451.24 per month - totaling \$90 | program 8 at | | \$902.48 | | | | | | |
| | promised to help you deal with your creditors of Do not include any payment or transfer that you lis ■ No □ Yes. Fill in the details. Person Who Was Paid | | | Date payment | Amount of | | | | | | |
| | Address | transferred | | or transfer was made | payment | | | | | | |
| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already list No Yes. Fill in the details. | ness or financial affairs? as security (such as the granting of a se | se transfer any property to anyone, other th | | | | | | | | |
| | Person Who Received Transfer Address | | | y property or eceived or debts lange | Date transfer was made | | | | | | |
| | Person's relationship to you Lisa Sandberg-Mendes | Dobtor took out a loan against | | | Echruany 11 | | | | | | |
| | Debtor | Debtor took out a loan against her 401(k) for \$4500.00. She used these funds for house | | | February 11, 2019 | | | | | | |
| | 2000 | repairs, bills and living expenses. | | | | | | | | | |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No Yes. Fill in the details. | | elf-settled trus | t or similar device o | of which you are a | | | | | | |
| | Name of trust Description and value of the property transferred r | | | | | | | | | | |

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Debtor 1 LISA MARIE SANDBERG - MENDES

| Par | t 8: List of Certain Financial Accounts, Inst | ruments Safe Denosit B | oves and Str | orage Unit | e | | | | |
|-----|--|---|--|-------------|---|---|--|--|--|
| | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | | • | Type of accounts | int or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | | |
| 21. | Do you now have, or did you have within 1 yearsh, or other valuables? | ear before you filed for b | ankruptcy, an | ıy safe dep | oosit box or other deposi | tory for securities, | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | | | Do you still have it? | | | |
| 22. | | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had to it? Address (Number, Stre State and ZIP Code) | | Describe | the contents | Do you still have it? | | | |
| Pai | t 9: Identify Property You Hold or Control for | or Someone Else | | | | | | | |
| 23. | Do you hold or control any property that some for someone. | neone else owns? Includ | e any propert | y you borr | rowed from, are storing f | or, or hold in trust | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the proper (Number, Street, City, Stat Code) | | Describe | the property | Value | | | |
| Pai | t 10: Give Details About Environmental Infor | rmation | | | | | | | |
| For | the purpose of Part 10, the following definition | ns apply: | | | | | | | |
| | Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these | e air, land, soil, surface v | vater, ground | • . | | | | | |
| | Site means any location, facility, or property to own, operate, or utilize it, including dispos | | vironmental la | aw, wheth | er you now own, operate | , or utilize it or used | | | |
| | Hazardous material means anything an envir hazardous material, pollutant, contaminant, o | | a hazardous | waste, ha | zardous substance, toxic | substance, | | | |
| Rep | ort all notices, releases, and proceedings that | t you know about, regard | lless of when | they occu | rred. | | | | |
| 24. | Has any governmental unit notified you that y | you may be liable or pote | entially liable | under or i | n violation of an environ | mental law? | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site | Governmental unit | | Enviro | onmental law, if you | Date of notice | | | |

Address (Number, Street, City, State and

ZIP Code)

know it

Address (Number, Street, City, State and ZIP Code)

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Debtor 1 LISA MARIE SANDBERG - MENDES

| 25. | Hav | e you notified any governmental unit of | any release of hazardous material? | | | | |
|--|---|--|---|---------|--|--------------------|--|
| | | No Yes. Fill in the details. | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | |
| 26. | Hav | e you been a party in any judicial or adm | ninistrative proceeding under any envi | ironn | nental law? Include settlements a | nd orders. | |
| | | No Yes. Fill in the details. | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ure of the case | Status of the case | |
| Par | t 11: | Give Details About Your Business or 0 | Connections to Any Business | | | | |
| 27. | Wit | nin 4 years before you filed for bankrupte | cy, did you own a business or have an | ny of | the following connections to any | business? | |
| | | ☐ A sole proprietor or self-employed in | n a trade, profession, or other activity, | , eithe | er full-time or part-time | | |
| | | ☐ A member of a limited liability comp | any (LLC) or limited liability partnersh | nip (L | LP) | | |
| | | ☐ A partner in a partnership | | | | | |
| | | ☐ An officer, director, or managing exe | ecutive of a corporation | | | | |
| | | ☐ An owner of at least 5% of the voting | g or equity securities of a corporation | | | | |
| | | No. None of the above applies. Go to P | art 12. | | | | |
| | | Yes. Check all that apply above and fill | | s. | | | |
| | Bu | siness Name | Describe the nature of the business | | Employer Identification number | | |
| | Address (Number, Street, City, State and ZIP Code) | | Name of accountant or bookkeeper | | Do not include Social Security number or ITIN. Dates business existed | | |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? | | | | | | de all financial | |
| | | No | | | | | |
| | | Yes. Fill in the details below. | | | | | |

Name Address

(Number, Street, City, State and ZIP Code)

Date Issued

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Case number (if known)

| Part 1 | 2: Sign Below | | |
|-------------------|---|--|---|
| are tru with a | | lse statement, concealing property, or ob | eclare under penalty of perjury that the answers staining money or property by fraud in connection rs, or both. |
| /s/ LIS | SA MARIE SANDBERG - MENDES | | |
| | MARIE SANDBERG - MENDES ture of Debtor 1 | Signature of Debtor 2 | |
| Date | May 29, 2019 | Date | |
| Did yo | u attach additional pages to Your Statement | of Financial Affairs for Individuals Filing | for Bankruptcy (Official Form 107)? |
| ■ No | | | |
| ☐ Yes | : | | |
| Did yo | u pay or agree to pay someone who is not a | n attorney to help you fill out bankruptcy | forms? |
| ■ No | | | |
| ☐ Yes | s. Name of Person . Attach the Bankrupto | cy Petition Preparer's Notice, Declaration, ar | nd Signature (Official Form 119). |

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| Fill in this inform | nation to identify your | case: | | |
|--|---|---|---|--|
| Debtor 1 | LISA MARIE SANI | DBERG - MENDE | S | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: | DISTRICT OF MI | NNESOTA THIRD DIVISION | |
| Office Glates Dai | intropicy Court for the. | DIGITATION OF WILL | NACCOTA THIRD DIVIDION | |
| Case number | | | | ☐ Check if this is an |
| | | | | amended filing |
| If you are an indi creditors have you have leas You must file this whiche on the f | vidual filing under chase claims secured by your ed personal property as form with the court were is earlier, unless the form ople are filing together did date the form. | pter 7, you must fil ur property, or ind the lease has n vithin 30 days after ie court extends th | | te set for the meeting of creditors, o the creditors and lessors you list ect information. Both debtors must |
| Part 1: List Yo | our name and case nur | nber (if known). | | |
| information be | low. | | Creditors Who Have Claims Secured by Pro | , , , , , , , , , , , , , , , , , , , |
| Identify the cre | editor and the property t | hat is collateral | What do you intend to do with the property secures a debt? | that Did you claim the property as exempt on Schedule C? |
| | | | | · |
| Creditor's P | ENNYMAC LOAN SE | RVICES | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| Description of property securing debt: | 501 North Elm St B 56011 Scott County Homestead Legally described a Lot 6 and the South 5, Block 139, City o Scott County, Minne | y s: 25 feet of Lot f Belle Plaine, | ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ■ Yes |
| | FMV: Comparable Market \$150,633 as of Ju | : Analysis - | | |
| | our Unexpired Persona | | | |
| in the information | n below. Do not list rea | ıl estate leases. Un | in Schedule G: Executory Contracts and Une nexpired leases are leases that are still in effect the trustee does not assume it. 11 U.S.C. § 36 | t; the lease period has not yet ended. |
| Describe your u | nexpired personal pro | perty leases | | Will the lease be assumed? |
| Lessor's name: | | | | □ No |
| O#:-:-! F 400 | | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 LISA MARIE SANDBERG - MENDES | Case number (if known) |
|--|---|
| Description of leased Property: | ☐ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No |
| Lessor's name: Description of leased Property: | □ No |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Under penalty of perjury, I declare that I have indicated my intention about an property that is subject to an unexpired lease. X /s/ LISA MARIE SANDBERG - MENDES LISA MARIE SANDBERG - MENDES Signature of Debtor 1 | ny property of my estate that secures a debt and any personal gnature of Debtor 2 |
| Date May 29, 2019 Date | |

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LOCAL FORM 1007-1 REVISED 06/16

United States Bankruptcy CourtDistrict of Minnesota Third Division

| In re | LISA MARIE SANDBERG - MENDES | | | | | Case 1 | No. | |
|---------|--|-----------|---------------------------|-------------------------------------|---|--|---|---|
| | | | Debtor(| s) | | Chapt | ter | 7 |
| | DISCLOSURE OF C | | | | | | | |
| paid to | Pursuant to 11 U.S.C. § 329(a) and (s) and that compensation paid to me o me, for services rendered or to be reaptcy case is as follows: | withii | n one year before | the | e filing of | the petition | n in | bankruptcy, or agreed to be |
| For le | egal Services, I have agreed to accept | | | \$ | 2,100.00 | | | |
| | to the filing of this statement I have re | | | \$ | 865.00 | | | |
| Balan | ce Due | ••••• | | \$ | 1,235.00 | | | |
| _ | he source of the compensation paid to Debtor | me w | vas: Other (specify) | | | | | |
| 3. T | he source of the compensation to be p Debtor | aid to ✓ | me is: Other (specify) | un coo pa al pa ca IN O U Ti U SI E | ompensati ayments for bove will ayment of ase. A cop N NO BLIGATI NDERSIONERSI | d was from on of the co or the serve be from f attorney by of the T EVENT ED TO GNED AT FOR(S) A GNED (C) S ENUME FROM | m the | ents by the debtor(s) to the re earnings or other current or(s). The source of all other enumerated in paragraph 2. Third Party Guaranty for res in connection with this Party Guaranty is attached. WILL DEBTOR(S) BE AY NOR WILL THE MPT TO COLLECT FROM AMOUNT DUE TO THE ACCOUNT OF THE TED IN PARAGRAPH 3. THE THIRD PARTY |
| , | I have not agreed to share the abovates of my law firm. | e-disc | losed compensat | ion | with any | other pers | son t | inless they are members and |
| associ | I have agreed to share the above-diates of my law firm. A copy of the agreementation, is attached. | | | | | | | |
| | In return for the above-disclosed fee, ed by 11 U.S.C. §528(a)(1), I have again | _ | | | | - | _ | |

B. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a

petition in bankruptcy;

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LOCAL FORM 1007-1 REVISED 06/16

- C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof:
- D. Representation of the debtor in contested bankruptcy matters; and
- E. Other services reasonably necessary to represent the debtor(s).
- 6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

CERTIFICATION

| I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a comple | te |
|--|------|
| statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy | case |

| Dated: May 29, 2019 | Signature of Attorney |
|---------------------|--------------------------|
| | /s/ Robert J. Hoglund |
| | Robert J. Hoglund 210997 |

| | check one box only as di | rected in this form and | d in Form |
|--|---|---|----------------------------------|
| Debtor 1 LISA MARIE SANDBERG - MENDES | 22A-1Supp: | | |
| Debtor 2 (Spouse, if filing) | ■ 1. There is no presu | imption of abuse | |
| United States Bankruptcy Court for the: District of Minnesota Third Division Case number | | o determine if a presur ade under <i>Chapter 7</i> cial Form 122A-2). | • |
| (if known) | ☐ 3. The Means Test of qualified military | does not apply now be service but it could ap | |
| | ☐ Check if this is ar | n amended filing | |
| Official Form 122A - 1 | | | |
| Chapter 7 Statement of Your Current Monthly Inc | come | | 12/1 |
| attach a separate sheet to this form. Include the line number to which the additional information case number (if known). If you believe that you are exempted from a presumption of abuse beca qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Part 1: Calculate Your Current Monthly Income | ause you do not have prim | arily consumer debts of | or because of |
| What is your marital and filing status? Check one only. | | | |
| □ Not married. Fill out Column A, lines 2-11. | | | |
| ☐ Married and your spouse is filing with you. Fill out both Columns A and B, line | s 2-11. | | |
| ■ Married and your spouse is NOT filing with you. You and your spouse are: | | | |
| ☐ Living in the same household and are not legally separated. Fill out both C | columns A and B, lines 2 | -11. | |
| ■ Living separately or are legally separated. Fill out Column A, lines 2-11; do repenalty of perjury that you and your spouse are legally separated under nonballiving apart for reasons that do not include evading the Means Test requirement | ankruptcy law that applie | s or that you and you | |
| Fill in the average monthly income that you received from all sources, derived during the 6 ft 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 three 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not inclusive sown the same rental property, put the income from that property in one column only. If you | ough August 31. If the amou | unt of your monthly incon ore than once. For examp | ne varied during ble, if both |
| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| Your gross wages, salary, tips, bonuses, overtime, and commissions (before al payroll deductions). | \$ 4,829.72 | \$ | |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | \$0.00 | \$ | |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | | \$ | |
| | | | |

Debtor 1 0.00

Debtor 1 0.00

0.00 Copy here -> \$

0.00 Copy here -> \$

0.00

0.00

0.00

0.00

-\$

\$

-\$

5. Net income from operating a business, profession, or farm

Net monthly income from a business, profession, or farm \$

Gross receipts (before all deductions)

Gross receipts (before all deductions)

7. Interest, dividends, and royalties

Ordinary and necessary operating expenses

6. Net income from rental and other real property

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

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DOCUMENT Page 49 OT 5 /

1 LISA MARIE SANDBERG - MENDES Case number (if known)

| | | | | Column A | | Column B | | |
|------|--|---|-------------|---------------|-----------------------|---------------------------|-----------|---------------|
| | | | | Debtor 1 | | Debtor 2 or non-filing sp | ouse | |
| 8. | Unemployment compensation | | | \$ | 0.00 | \$ | | |
| | Do not enter the amount if you contend that the amour the Social Security Act. Instead, list it here: | | fit under | | | | | |
| | For you \$ | 0. | 00 | | | | | |
| | | | | | | | | |
| | Pension or retirement income. Do not include any arbenefit under the Social Security Act. | | | \$ | 0.00 | \$ | | |
| 10. | Income from all other sources not listed above. Sp. Do not include any benefits received under the Social received as a victim of a war crime, a crime against hu domestic terrorism. If necessary, list other sources on total below. | Security Act or paymer manity, or internationa | nts I or | ¢ | 0.00 | ¢ | | |
| | • | | | Ф | 0.00 | \$ \$ | | |
| | Total amounts from congrets pages if any | | | \$ \$ | 0.00 | \$\$ | | |
| | Total amounts from separate pages, if any. | | + | Ψ | 0.00 | Ψ | | |
| 11. | Calculate your total current monthly income. Add li each column. Then add the total for Column A to the to | | \$ | 4,829.72 | + \$ | = | \$ | 4,829.72 |
| | | | | | | | Total cui | rrent monthly |
| Part | 2: Determine Whether the Means Test Applies | to You | | | | | | |
| 12. | Calculate your current monthly income for the year | r. Follow these steps: | | | | ſ | | |
| | 12a. Copy your total current monthly income from line | 11 | | Сору | line 11 h | ere=> | \$ | 4,829.72 |
| | Multiply by 12 (the number of months in a year) | | | | | l | x 12 | , |
| | 12b. The result is your annual income for this part of th | ne form | | | | 12b. | | 7,956.64 |
| | | | | | | ~. | Ψ | |
| 13. | Calculate the median family income that applies to | you. Follow these step | os: | | | | | |
| | Fill in the state in which you live. | MN | | | | | | |
| | Fill in the number of people in your household. | 1 | | | | | | |
| | Fill in the median family income for your state and size | of household. | | | | 13. | \$ 58 | 3,443.00 |
| | To find a list of applicable median income amounts, go for this form. This list may also be available at the bank | | pecified | in the separa | te instruct | ions | | |
| 14. | How do the lines compare? | | | | | | | |
| | 14a. Line 12b is less than or equal to line 13. C Go to Part 3. | On the top of page 1, ch | neck box | 1, There is n | o presum _i | otion of abuse. | | |
| | 14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2. | of page 1, check box 2 | , The pre | esumption of | abuse is d | letermined by F | Form 122 | ?A-2. |
| Part | 3: Sign Below | | | | | | | |
| | By signing here, I declare under penalty of perjury | y that the information o | n this sta | atement and i | n any atta | chments is true | and cor | rect. |
| | X /s/ LISA MARIE SANDBERG - MENDES | | | | | | | |
| | LISA MARIE SANDBERG - MENDES Signature of Debtor 1 | | | | | | | |
| | Date May 29, 2019 MM / DD / YYYY | | | | | | | |
| | If you checked line 14a, do NOT fill out or file For | m 122A-2. | | | | | | |
| | If you checked line 14b, fill out Form 122A-2 and | file it with this form. | | | | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-31735 Doc 1 Filed 05/29/19 Entered 05/29/19 18:12:29 Desc Main Document Page 54 of 57

United States Bankruptcy CourtDistrict of Minnesota Third Division

| | Dis | District of Minnesota Third Division | | | | |
|--------|---|--|---------------------|-----------------------|--|--|
| In re | LISA MARIE SANDBERG - MENDES | | Case No. | | | |
| | | Debtor(s) | Chapter | 7 | | |
| | VERIFICA | ATION OF CREDITOR | MATRIX | | | |
| | | | | | | |
| Γhe ab | ove-named Debtor hereby verifies that the | attached list of creditors is true and | correct to the best | of his/her knowledge. | | |
| Date: | May 29, 2019 | /s/ LISA MARIE SANDBERG - | MENDES | | | |
| | | LISA MARIE SANDBERG - M | ENDES | | | |

Signature of Debtor

ALLY FINANCIAL 200 RENAISSANCE CTR DETROIT MI 48243

AMERICAN ACCOUNTS & ADVISERS INC 7460 80TH ST S COTTAGE GROVE MN 55016-3007

BANK OF AMERICA 4909 SAVARESE CIRCLE FL1-908-01-50 TAMPA FL 33634

CAPITAL ONE ATTN: BANKRUPTCY PO BOX 30285 SALT LAKE CITY UT 84130

CHASE CARD SERVICES CORRESPONDENCE DEPT PO BOX 15298 WILMINGTON DE 19850

CHASE RECEIVABLES
755 BAYWOOD DR STE 208
PETALUMA CA 94954

CITIBANK/THE HOME DEPOT ATTN: RECOVERY/CENTRALIZED BANKRUPTCY PO BOX 790034 ST LOUIS MO 63179

CITICARDS
CITICORP CREDIT SERVICES/ATTN: CENTRALIZ
PO BOX 790040
SAINT LOUIS MO 63179

DISCOVER BANK 502 MARKET ST GREENWOOD DE 19950

HOGLUND LAW FIRM 1781 COUNTY RD B W ROSEVILLE MN 55113

MESSERLI & KRAMER PA 3033 CAMPUS DR STE 250 PLYMOUTH MN 55441

ONEMAIN FINANCIAL ATTN: BANKRUPTCY 601 NW 2ND STREET EVANSVILLE IN 47708

PALISADES COLLECTION LLC 210 SYLVAN AVE ENGLEWOOD CLIFFS NJ 07632

PENNYMAC LOAN SERVICES ATTN: BANKRUPTCY PO BOX 514387 LOS ANGELES CA 90051

PORTFOLIO RECOVERY PO BOX 41067 NORFOLK VA 23541

SEVENTH AVE ATTN: BANKRUPTCY DEPT 1112 7TH AVE MONROE WI 53566

SWISS COLONY 1112 7TH AVE MONROE WI 53566 SYNCHRONY BANK PO BOX 6153 RAPID CITY SD 57709-6153